Psychosocial Risks in the Changing World of Work: Moving from the Risk Assessment Culture to the Management of Opportunities

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SUMMARY

Increased attention to psychosocial risks and their potential impacts on workers' mental and physical health has flourished due to the changes taking place in the world of work. The changes in the world of work and the recent worldwide events have exacerbated the existing psychosocial risks and brought out new psychosocial risks to be considered for protecting workers' health. This favors the opening up of national and international debate on prioritizing psychosocial risks at work at the policies, strategies, and actions level. This contribution highlights the critical issues to be addressed, the needs to be covered, and the opportunities for better and more effective OSH protection in the workplace. Starting from a definition of psychosocial risks and their potential impacts, we offer an overview of the most recent developments in policies and strategies and the contribution of research in this field over time. A critical reflection on emerging topics, main needs, and challenges for organizations and stakeholders is offered. This time of change poses great concerns but also offers a great opportunity of moving from a culture of assessment to a culture of psychosocial risk management for improving workers' well-being, productivity, and health, where the risk assessment is an important step but not a point of arrival.

1. INTRODUCTION

In recent years, the world of work has seen several changes and events that are modifying the workforce, the environments, the work equipment, and the way the work is designed and organized, with important impacts on workers' health and well-being [1, 2, 3]. Over the last ten years, the management of psychosocial risks in the workplace has been one of the main concerns in terms of occupational safety and health (OSH) both in Europe and in Italy [4, 5], even now representing a growing challenge for organizations due to the rapid changes in the work conditions. The growing digitization, the opening to collaborative robotics, the gig economy, the new flexible forms of work, and the differences – and the inequalities as well – in the workforce have exacerbated the existing psychosocial risks on one side and brought out new psychosocial risks to be considered and included for protecting workers' health [6]. Furthermore, global events such as the COVID-19 emergency, the war in Europe, and climate change

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have increased potential psychological impacts due to job instability, the economic crisis, the fear for one's safety, and the adoption of new behaviors and habits, with consequent effects also at work. Indeed, in recent years there has been a progressive deterioration of mental health in Europe, which requires companies to take further actions to support and manage workers' health [7].

Considering the ongoing changes, the European Commission's Strategic Framework on Health and Safety at Work 2021-2027 called for cooperation between member states and social partners to anticipate emerging risks related to the changes in the world of work, recognizing psychosocial risks among the main priorities [8, 9, 10]. Moreover, the recent calls of European social partners for a stronger legislative framework on psychosocial risks in the workplace must be considered, too [11]. This European perspective requires a new view, moving from risk assessment to risk management. In this context, Occupational Medicine plays a central role at the national level in developing guidelines, approaches, and models in this area, contributing to create an integrated and participatory approach to managing emerging psychosocial risks.

Starting from a clear definition of psychosocial risks, their potential impacts, and their mutual relationships, this contribution aims to offer an overview of the most recent developments in policies and strategies to discuss the ongoing changes and highlight the critical issues to be addressed, the needs to be covered and the opportunities to be taken for a better and more effective OSH protection in the workplace.

2. PSYCHOSOCIAL RISKS: DEFINITIONS AND POTENTIAL IMPACTS

Psychosocial factors at work are defined as aspects of job design, work organization, and management (e.g., decision-making autonomy, workload, working hours, role clarity) as well as the related social context (e.g., social support from supervisors, relationships at work, support from colleagues) and the work environment (e.g., loud noise work environments, poor lighting) which can have an impact on the psychophysical health of workers [12]. How these factors are managed can have positive outcomes (job satisfaction, work involvement, productivity) and negative impacts (stress, illness, sick leave, etc.). The second case is the psychosocial hazards at work, as the potentially harmful aspects for workers' health and the organization as a whole [13]. Psychosocial risks have received great national and international attention over time due to their link with work-related stress. The impact of the psychosocial environment on workers' health occurs through the stress experience [13], this condition is relevant for the person when it is intense and prolonged over time, and it involves the depletion or overcoming of the personal resources helpful in coping.

Other aspects such as violence and harassment at work, burnout, technostress, and in turn, impacts on mental and physical health, such as depression, musculoskeletal disorders, anxiety, as well as behavioral outcomes (such as absenteeism, presenteeism, and injuries) can occur since they are a consequence of inadequate management of psychosocial and organizational risks, and they can also have a mutual negative influence in the workplaces. Some examples of this reciprocal relationship in the workplace are as follows. High-level stress workplaces impact the workers' psychological processes and conditions, such as burnout, a chronic stress syndrome that affects both the psychophysical and behavioral aspects [14-15]. The pandemic has also highlighted the increase of other psychological impacts for the workers, including a compulsion to work excessively - workaholism - [16], compassion fatigue [17], and bore out [18], which are manifested through exhaustion such as burnout and have effects on physical and psychological health, and workers' attitudes and behaviors as well. Having workers with symptoms of exhaustion within a group can lead to further deterioration of the working context, increasing the risk of stress as well, which can favor, in turn, the emergence of behavioral phenomena, such as episodes of violence at work, harassment, and mobbing in the workplace. However, these phenomena have a role of reciprocal influence since they are included among the potential causes of stress at work as indicators of conflicts and relational concerns to be managed at an organizational level, whether between colleagues or external customers.

Recently, technostress and its impact on workers' mental health have been gaining increasing priority [19]. Among others, the growing development of Information and Communication Technology has led to the introduction of new business models and increased hybrid work, such as smart working, teleworking, and platform work and the pandemic emergency has further accelerated this.

Technostress is a form of stress caused by the pervasive and dysfunctional use of technologies, which is connected to the carrying out of activities that strongly depends on the use of technology - both temporally and functionally - and this may have significant impacts both on the individual's social life and on his psychophysical well-being [19, 20]. When the technostress is due to the pervasive and dysfunctional use of technologies at work, it is part of the work-related stress, and it must be addressed, including those aspects of the work organization and management connected to the use of technologies [21]. Smart working during the COVID-19 emergency may represent a lesson learned in this sense. Although it has made it possible to keep working by highlighting the great potential of digitalization, it has also put into light the potential negative impacts of a lack of effective work organization and management in the use of remote work, including social isolation, the demand for constant availability, the work-personal interference, the worsening of informal communication [7, 22].

All the aspects mentioned above have a showed reciprocal link and a common denominator that are all the aspects of job design and work organization and management which can constitute their determinants, but also a potential solution through effective management aimed to protect workers' health and to increase job satisfaction and organizational well-being.

3. CURRENT INTERNATIONAL AND NATIONAL POLICIES AND STRATEGIES

The progress in policies and strategies on psychosocial risks reached international and national levels, thus boosting the development of models, approaches, and practical tools for managing psychosocial risks in organizations, proving to be one of the main drivers for managing psychosocial risks [23]. For example, in Italy, the Legislative Decree 81/08 and s.m.i. raised the assessment and management of psychosocial risks in two ways: (i) the implementation of the definition of health by the World Health Organization, as "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"; (ii) the inclusion of the obligation for the employer to assess all the risks for OSH, including those connected to work-related stress by following the content of the 2004 European Framework Agreement on work-related stress (art 28).

According to the Agreement, the risk assessment focuses on those aspects of job design, work organization, and management - along with some potential objective signals of the presence of stress at work - that are linked to the content and the context of the work, namely the psychosocial risks at work. Later on, in November 2010, as required by the Decree mentioned above, the Permanent Consultative Commission for OSH published some methodological indications which currently constitute the requirements to be met for managing the risks associated with work-related stress at the national level. Such indications represent the minimal requirements, as confirmed by the Consultative Commission after the ruling n. 5/2012 by the National Psychologists Council that specified the employer may go beyond the methodological path legitimately to carry out further in-depth investigations, notwithstanding the prompt identification of the corrective measures to the risks that emerged by the preliminary assessment. Then, in the Legislative Decree 19/2014, based on the Directive 2010/32/ EU that implemented the Framework Agreement between HOSPEEM and EPSU on the prevention of sharps or needlestick injuries in the hospital and health sector, the term "psychosocial and organizational risks" was explicitly reported in an OSH legislation for the first time.

At the national level, the role of research allowed organizations to offer a valid and effective answer to the legal requirements. In 2011, INAIL published a methodological proposal to assess and manage the risk associated with work-related stress and a specific web helpful platform for systematically collecting data from organizations' assessments over

time [24, 25, 26]. The INAIL's methodology offered the organizations a method based on scientific evidence and a participatory approach, including validated tools and risk cut-off based on the national workforce. This method may be integrated with managing all other OSH risks in the organizations. Between 2014 and 2016, national monitoring of the implementation of the legal requirements was carried out through a project financed by the National Centre for Disease Prevention and Control (CCM) of the Ministry of Health [27]. Findings highlighted that over 80% of the organizations included in the national sample on the national complied with the legal obligation, carrying out the WRS risk assessment and that most of these used the INAIL's methodology.

Nevertheless, it is worth noting that not all the activated assessment processes have applied the whole INAIL method actually - that includes moving to an in-depth assessment beyond the minimum legal requirements - neither have included the implementation of corrective and improving measures or the evaluation of such measures in terms of reducing WRS [28, 29]. Currently, over 10,600 organizations are using INAIL's methodology through the web platform, well-distributed throughout the country and productive sectors. The uploaded checklists are 12,393, and the filled-in questionnaires are 121,378. The data collected over time and the research experiences at a national level allowed both the updating of the methodology and the related tools with a new 2017 edition [25] and to anticipate and investigate emerging risks to provide tools for contextualized specific risks, as in the recent tools for the healthcare sector [26]. Currently, INAIL research focuses on emerging risks connected to the changes in the world of work to provide scientifically based solutions and proper tools for managing OSH risks for contributing to the ongoing debate on the future of work. Recent international and national policies, strategies, and actions further call for integrating psychosocial risks into the organization's overall management of OSH risks. A good example came from the ISO4500 "Occupational health and safety management - Psychological health and safety at work - Guidelines for managing psychosocial risks", which represents a valuable guide for managing

psychosocial risks and promoting occupational well-being within an OSH management system based on ISO 45001. This standard includes psychosocial risks within a systemic approach, which poses a human-centered approach to be included within an overall and integrated system for managing the OSH risks. Then, some emerging psychosocial risks are assuming relevance in consideration of the last year's changes in the world of work, as also recalled by the recent consensus document of the national inter associative board on prevention (CIIP). Among these, we highlight the need to investigate the aspects connected to the use of smart working and other forms of flexible work, but also to include the contrast to violence and harassment at work of different nature - including cyberbullying - as also recalled by the European Parliament resolution of 5 July 2022 on mental health in the digital world of work.

It should be noted that violence and harassment at work are aspects already considered in the assessment and management of the risks associated with the WRS, which now require broader conceptualization and management – particularly in those contexts more at risk, such as the healthcare sector – due to the emergence and increase of the phenomenon, which is essential also in consideration of the law 15 January 2021 n. 4 that have ratified the International Labour Organization 2019 Convention n. 190 concerning the elimination of violence and harassment in the world of work.

4. TOWARDS THE RISK MANAGEMENT APPROACH

Changes taking place in the world of work have led to increased attention on psychosocial risks and their potential impacts on the workers' mental and physical health of workers, favoring the opening up of a national and international debate on the aspects to be integrated and included at the level of policies, strategies, and actions. The national debate is going towards the inclusion of the term psychosocial risks in OSH prevention and protection, and this gives a more explicit focus to the organizational and social aspects that can cause the experience of stress and other potential psychological, social, and behavioral impacts that can affect workers' health and organizational well-being. Nevertheless, this does not mean work-related stress is outdated or incomplete. However, the attention is moving towards managing its potential sources – including all the potential impacts on the psychological, social, and behavioral aspects – and the reciprocal path among psychosocial aspects and other OSH issues such as musculoskeletal diseases.

Considering the ongoing changes and the effects of the pandemic, it is essential to also focus on the emerging and specific psychosocial risks of some contexts and types of work, particularly at risk (e.g., job insecurity, isolation, violence and harassment at work, technostrain). These must be included in the mapping of OSH risks, and some preventive actions should be identified strategically to prevent their impacts. The role of research is essential to provide evidence, solutions, and integrative tools for increasing support to organizations in the risk assessment phase. Multidisciplinary approaches are crucial to integrate competencies from occupational medicine, occupational psychology, and ergonomics, as well as the competencies of the OSH professionals in the organization. This would allow us to anticipate emerging psychosocial risks - as required by the European Commission - and identify more fitting prevention and management actions.

Nevertheless, the main risk to be avoided is reducing all to the introduction of new assessment measures and tools - even if these are fundamental and must be verified in terms of validity and reliability – but this is the time to seize the opportunity to include these risks within an integrated OSH management system. The integration requires a systemic approach to risk management - as shown by the recent ISO 45003 standard - including tools and measures within clear and consolidated methodological approaches. A recent example of this integration can be found in the recent integration of the INAIL methodology for the healthcare sector [26, 30]. This experience is currently under replication for other emerging risks due to digitalization and new ways of working, including smart working.

The most important challenge now is moving from a culture of assessment to a culture of psychosocial risk management as an opportunity to improve organizations in terms of workers' well-being, productivity, and health - where the assessment is an important step but not a point of arrival. The management of psychosocial risks in the workplace requires a methodological process that starts from the identification of the potential hazards associated with the work activity and the work context and leads to an assessment of their potential for damage and the relative risk, with the aim of identifying the most effective management and prevention actions to be implemented. Moving from the assessment to managing psychosocial risks in the workplace is not easy for organizations. In complying with the legal obligation, there is frequently the risk of coming to a halt after the assessment without activating a real process of change within the organizations that would involve all the organizational actors in the management and organization of work with a multidisciplinary and participatory approach. As a result, we often find never implemented action plans or less effective interventions without any effect on reducing the risk. Secondary prevention is often preferred by organizations that reinforce workers with soft skills through training without addressing potential stress sources. Evidence and experiences have demonstrated that the effectiveness of this type of organizational intervention depends on the ability to include some key methodological aspects in the process, such as: (i) the clear identification of potentially affected groups of workers, (ii) the use of participatory approaches that actively involve workers, using clear communication, (iii) the involvement of the management - including line managers - in the implementation of the most appropriate and effective actions to prevent or contain the impacts, (iv) the inclusion of the needed competences and raising the level of awareness [28, 30, 31, 32].

Moving toward effective management should also be encouraged, considering the positive circle of psychosocial risk management. Few studies have focused on the positive role of good psychosocial risk management linked to increased work engagement [33], job satisfaction, and well-being [33]. As shown above, the legislation has proven to be a strong driver for assessing risks associated with work-related stress in the past. In this time of change, we hope that the renewed attention on the aspects of job design, work organization, and management could lead to an increase in the commitment at the national level to supporting organizations in moving towards the implementation of prevention and management actions to protect workers' health and well-being through the psychosocial risks management.

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REFERENCES

- Schulte PA, Delclos G, Felknor SA, Chosewood LC. Toward an expanded focus for Occupational Safety and Health: A Commentary. *Int J Environ Res Public Health*. 2019;16(4946),1-17. Doi:10.3390/ijerph16244946
- Backhaus I, Hoven H, Di Tecco C, et al. Economic change and population health: lessons learnt from an umbrella review on the Great Recession. *BMJ Open*. 2022;12:e060710. Doi:10.1136/bmjopen-2021-060710
- Backhaus I, Hoven H, Bambra C, et al. Changes in work-related stressors before and during the COVID-19 pandemic: differences by gender and parental status. *Int Arch Occup Environ Health.* 2022;11:1-11. Doi: 10.1007/s00420-022-01933-w
- Iavicoli S, Di Tecco C. The management of psychosocial risks at work: state of the art and future perspectives. *Med Lav.* 2020;111(5), 335-50. Doi:10.23749/mdl .v111i5.10679
- Iavicoli S, Leka S, Nielsen K. Promoting Occupational Health Psychology through professional bodies: The role of the European Academy of Occupational Health Psychology. *Work & Stress.* 2020;34(3):215-218. Doi:10. 1080/02678373.2020.1774939
- Leka S, Jain A, Iavicoli S, Di Tecco C. An Evaluation of the Policy Context on Psychosocial Risks and Mental Health in the Workplace in the European Union: Achievements, Challenges, and the Future. *BioMed Res Int.* 2015; n. 21308. Doi:10.1155/2015/213089
- Eurofound. Living, working and COVID-19 (Update April 2021): Mental health and trust decline across EU as pandemic enters another year; Publications Office of the European Union, Luxembourg, 2022.
- International Labour Organization. Managing work-related psychosocial risks during the COVID-19 pandemic; *ILO*, Geneva, 2020.
- Leka S. The future of working in a virtual environment and occupational safety and health; Discussion paper European Agency for Safety & Health at work, 2021. Available online: https://osha.europa.eu/en/publications/future-working-virtual-environment-and-occupational-safety-and-health (accessed on 24 January 2022).
- 10. Schulte PA, Streit JMK, Sheriff F, et al. Potential scenarios and hazards in the work of the future: a

systematic review of the peer-reviewed and gray literatures. *Annals of Work Exposures and Health.* 2020; pp. 1-31.

- 11. Eurocadres. EndStress.eu campaign reaches the European Parliament. 2022 Available at. https://www.eurocadres .eu/news/the-endstress-eu-campaign-reaches-the -europea n-parliament/
- Cox T, Griffiths, A. The nature and measurement of work-related stress: theory and practice. In: Evaluation of Human Work, 3rd Edition. Wilson JR, Corlett N. Eds; Routledge: Abingdon, UK, 1995; pp. 553-72.
- Leka S, Cox T. The Future of Psychosocial Risk Management and the Promotion of Well-Being at Work in the European Region: A PRIMA Time for Action. In: The European Framework for Psychosocial Risk Management, Leka S, Cox T Eds.; I-WHO: Nottingham, UK, 2008; pp. 174-184.
- 14. Maslach C. Burnout: the cost of caring; Englewood Cliffs: New Jersey, USA, 1982.
- 15. Maslach C, Leiter P. Burnout e organizzazione. Modificare I fattori strutturali della demotivazione al Lavoro; Feltrinelli: Milano, 2000.
- Schaufeli WB, Taris TW, van Rhenen W. Workaholism, burnout, and work engagement: Three of a kind or three different kinds of employee well-being? *Appl Psychol - Int Rev.* 2008;57(2):173-203. Doi: 10.1111/j.1464-0597.2007.00285.x
- Russo C, Aukhojee P, McQuerrey Tuttle B, et al. Compassion fatigue & burnout. In: Power, Papazoglou K, Blumberg DM. Eds; Academic Press, 2020; pp. 97-115.
- Werder P, Rothlin P. Boreout! Overcoming workplace demotivation. Published London: Kogan Page, 2008.
- 19. Dragano N, Lunau T. Technostress at work and mental health: concepts and research results. *Curr Opin Psychiatry*. 2020;33(4):407-413. Doi:10.1097/YCO .0000000000000613
- Salanova M, Llorens S, Cifre E. The dark side of technologies: Technostress among users of information and communication technologies. *Int J Psychol.* 2013;48:422-436. Doi:10.1080/00207594.2012.680460
- Stadin M, Nordin M, Broström A, et al. Information and communication technology demands at work: The association with job strain, effort-reward imbalance and self-rated health in different socio-economic strata. *Int Arch Occup Environ Health.* 2016;89:1049-1058.
- 22. Di Tecco C, Ronchetti M, Russo S, et al. Implementing Smart Working in Public Administration: a follow up study. *Med Lav.* 2021;112(2):141-52.
- 23. European Agency for Safety & Health at Work. Drivers and barriers for psychosocial risk management: an analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER). Luxembourg: Publications Office of the European Union, 2012. Available online at: https://osha.europa.eu/en/publications/drivers-and-barriers-psychosocial

-risk-management-analysis-findings-european-survey (accessed on 24 January 2022).

- 24. INAIL. Valutazione e gestione del rischio da stress lavoro-correlato. Manuale ad uso delle aziende in attuazione del D.Lgs. 81/08 e s.m.i. Tipolitografia INAIL, Milano, Italia, 2010.
- 25. INAIL. La metodologia per la valutazione e gestione del rischio stress lavoro-correlato. Manuale ad uso delle aziende in attuazione del d.lgs. 81/2008 e s.m.i. Tipolitografia INAIL, Milano, Italia, 2017.
- INAIL. La metodologia per la valutazione e gestione del rischio stress lavoro-correlato. Modulo contestualizzato al settore sanitario. Tipolitografia INAIL, Milano, Italia, 2022.
- 27. INAIL: Piano di monitoraggio e d'intervento per l'ottimizzazione della valutazione e gestione dello stress lavoro-correlato. In Uno Sguardo ai Principali Risultati; Tipografia INAIL: Milano, 2016. Available online at: https://www.inail.it/cs/internet/docs/all_opuscolo_stress _lavoro_correlato.pdf
- Di Tecco C, Jain A, Valenti A, et al. An evaluation of the impact of a policy-level intervention to address psychosocial risks on organisational action in Italy. *Saf Sci.* 2017;100(A):103-109. Doi: doi.org/10.1016/j .ssci.2017.05.015

- 29. Ronchetti M, Di Tecco C, Russo S, et al. An integrated approach to the assessment of work-related stress risk: Comparison of findings from two tools in an Italian methodology. *Saf Sci.* 2015;80:310-316. Doi:10.1016/j .ssci.2015.08.005.
- 30. Di Tecco C, Nielsen K, Ghelli M, et al. Improving Working Conditions and Job Satisfaction in Healthcare: A Study Concept Design on a Participatory Organizational Level Intervention in Psychosocial Risks Management. *Int J Environ Res Public Health.* 2020;17(10):3677. Doi:10.3390/ijerph17103677
- Nielsen K, Randall R, Holte AL, González ER. Conducting organizational-level occupational health interventions: What works? *Work & Stress*. 2010,24(3):234-259. Doi:10.1080/02678373.2010.515393
- Nielsen K, Christensen M. Positive Participatory Organizational Interventions: A Multilevel Approach for Creating Healthy Workplaces. *Front Psychol.* 2021;12:696245. Doi: 10.3389/fpsyg.2021.696245
- 33. Bakker AB, Demerouti E. Job demands-resources theory: Taking stock and looking forward. J Occup Health Psychol. 2017;22(3):273-285. Doi:10.1037 /ocp0000056